

<i>SERFF Tracking Number:</i>	<i>AGNY-125793134</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American International South Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-GL-22</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Hotel Safe Deposit Box Legal Liability Coverage - 102000319</i>		
<i>Project Name/Number:</i>	<i>Hotel Safe Deposit Box Legal Liability Coverage/AIC-08-GL-22</i>		

## Filing at a Glance

Companies: American International South Insurance Company, AIG Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Hotel Safe Deposit Box Legal Liability Coverage - 102000319  
 SERFF Tr Num: AGNY-125793134 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations	Co Tr Num: AIC-08-GL-22	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Christine Wynter	Disposition Date: 09/10/2008
	Date Submitted: 09/02/2008	Disposition Status: Approved
Effective Date Requested (New): 10/06/2008		Effective Date (New):
Effective Date Requested (Renewal): 10/06/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Hotel Safe Deposit Box Legal Liability Coverage	Status of Filing in Domicile:
Project Number: AIC-08-GL-22	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/10/2008	
State Status Changed: 09/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The companies submit for your review and approval new endorsement, Hotel Safe Deposit Box Legal Liability Coverage to be used with ISO's Commercial General Liability Coverage Form, Form No. CG 00 01 (Occurrence version only) currently on file with your Department.

SERFF Tracking Number: AGNY-125793134 State: Arkansas  
First Filing Company: American International South Insurance State Tracking Number: EFT \$50  
Company, ...  
Company Tracking Number: AIC-08-GL-22  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations  
Product Name: Hotel Safe Deposit Box Legal Liability Coverage - 102000319  
Project Name/Number: Hotel Safe Deposit Box Legal Liability Coverage/AIC-08-GL-22

Please refer to the attached forms listing for information concerning this form.

Your favorable consideration and approval are respectfully requested.

## Company and Contact

### Filing Contact Information

Christine Wynter, Filings Analyst Christine.wynter@aig.com  
175 Water Street, 17th Floor (212) 458-7066 [Phone]  
New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

American International South Insurance Company	CoCode: 40258	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-6008643	

AIG Casualty Company	CoCode: 19402	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 25-1118791	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 13-1938623	

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

SERFF Tracking Number: AGNY-125793134 State: Arkansas  
First Filing Company: American International South Insurance State Tracking Number: EFT \$50  
Company, ...  
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National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania  
Pittsburgh, Pa.  
70 Pine Street Group Code:  
New York, NY 10270 Group Name: Company Type:  
(212) 770-7000 ext. [Phone] FEIN Number: 25-0687550 State ID Number:  
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New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania  
70 Pine Street Group Code:  
New York, NY 10270 Group Name: Company Type:  
(212) 770-7000 ext. [Phone] FEIN Number: 02-0172170 State ID Number:  
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The Insurance Company of the State of CoCode: 19429 State of Domicile: Pennsylvania  
Pennsylvania  
70 Pine Street Group Code:  
New York, NY 10270 Group Name: Company Type:  
(212) 770-7000 ext. [Phone] FEIN Number: 13-5540698 State ID Number:  
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SERFF Tracking Number: AGNY-125793134 State: Arkansas  
First Filing Company: American International South Insurance State Tracking Number: EFT \$50  
Company, ...  
Company Tracking Number: AIC-08-GL-22  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations  
Product Name: Hotel Safe Deposit Box Legal Liability Coverage - 102000319  
Project Name/Number: Hotel Safe Deposit Box Legal Liability Coverage/AIC-08-GL-22

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 per form(1)=\$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American International South Insurance Company	\$50.00	09/02/2008	22234673
AIG Casualty Company	\$0.00	09/02/2008	
Commerce and Industry Insurance Company	\$0.00	09/02/2008	
Granite State Insurance Company	\$0.00	09/02/2008	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	09/02/2008	
New Hampshire Insurance Company	\$0.00	09/02/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	09/02/2008	

SERFF Tracking Number:	AGNY-125793134	State:	Arkansas
First Filing Company:	American International South Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AIC-08-GL-22		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2000 Other Liability Sub-TOI Combinations
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## Correspondence Summary

## Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/10/2008	09/10/2008

<i>SERFF Tracking Number:</i>	<i>AGNY-125793134</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American International South Insurance</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Company, ...</i>		
<i>Company Tracking Number:</i>	<i>AIC-08-GL-22</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Hotel Safe Deposit Box Legal Liability Coverage - 102000319</i>		
<i>Project Name/Number:</i>	<i>Hotel Safe Deposit Box Legal Liability Coverage/AIC-08-GL-22</i>		

## Disposition

Disposition Date: 09/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

SERFF Tracking Number: AGNY-125793134 State: Arkansas  
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 Company, ...  
 Company Tracking Number: AIC-08-GL-22  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Hotel Safe Deposit Box Legal Liability Coverage	Approved	Yes

SERFF Tracking Number: AGNY-125793134 State: Arkansas

First Filing Company: American International South Insurance State Tracking Number: EFT \$50

Company, ...

Company Tracking Number: AIC-08-GL-22

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations

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Project Name/Number: Hotel Safe Deposit Box Legal Liability Coverage/AIC-08-GL-22

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Hotel Safe Deposit Box Legal Liability Coverage	99575	(7/08)	Endorsement/Amendment/Conditions	New	0.00	99575 _7-08_ HOTEL SAFE DEPOSIT BOX LEGAL LIABILITY COVERAGE .pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT #**

This endorsement, effective 12:01 A.M.

forms a part of Policy No.

issued to \_\_\_\_\_ by \_\_\_\_\_

**HOTEL SAFE DEPOSIT BOX LEGAL LIABILITY COVERAGE**  
**[\$25,000 AGGREGATE SUB LIMIT]**

This endorsement modifies insurance provided under the following:

*Commercial General Liability Coverage Form*

**I. The following is added to SECTION I – COVERAGES:**

**COVERAGE D SAFE DEPOSIT BOX LEGAL LIABILITY COVERAGE**

**1. Insuring Agreement**

- a.** We will pay those sums that the insured becomes legally obligated to pay as damages arising out of, relating to or in connection with your liability for loss from your on-premises “safe deposit boxes.” We will have the right and duty to defend the insured against any “suit” seeking those damages. However, we will have no duty to defend the insured against any “suit” seeking damages for an on-premises “safe deposit box” loss to which this insurance does not apply. We may at our discretion investigate any “occurrence” and settle any claim or “suit” that may result. But:

- (1)** The amount we will pay for loss or damages is limited as described in **SECTION III – LIMITS OF INSURANCE**; and
- (2)** Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under this Coverage **D**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under the **SUPPLEMENTARY PAYMENTS** section of this policy.

- b.** This insurance applies to liability for loss from your on-premises “safe deposit boxes” only if:
- (1)** The loss occurs during the policy period;
- (2)** The damage or loss arises out of, is related to or is in connection with property deposited therein by your “guest”; and
- (3)** The “safe deposit boxes” are on your premises, which is located within the “coverage territory.”

**II. SECTION I COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGES A AND B,** is revised to also apply to this Coverage **D** and the heading of such Section is revised to read as follows: **“SUPPLEMENTARY PAYMENTS – COVERAGES A, B AND D.”**

III. **SECTION III - LIMITS OF INSURANCE, 2.**, is deleted in its entirety and replaced with the following:

2. The General Aggregate Limit is the most we will pay for the sum of:
  - a. Medical expenses under Coverage C;
  - b. Damages under Coverage A, except damages because of “bodily injury” or “property damage” included in the “products-completed operations hazard”;
  - c. Damages under Coverage B; and
  - d. Damages or loss under Coverage D.

IV. **SECTION III – LIMITS OF INSURANCE** is revised to add the following Paragraph 8:

8. Subject to Paragraph 2. above, the Safe Deposit Box Limit is the most we will pay under Coverage D for the sum of all damages or loss to personal property left by your “guest(s)” in your on-premises “safe deposit boxes”.

The Safe Deposit Box Limit stated in the Declarations is the total limit of our liability with respect to all loss of property of one or more “guests” arising out of any one “occurrence.” All loss incidental to an actual or attempted fraudulent, dishonest or criminal act or series of related acts at the premises, whether committed by one or more persons, shall be deemed to arise out of one “occurrence.” The inclusion herein of more than one “guest” shall not operate to increase the Safe Deposit Box Limit.

V. **COMMERCIAL GENERAL LIABILITY DECLARATIONS PAGE** is amended to add:

SAFE DEPOSIT BOX LIMIT OF INSURANCE:                      \$25,000 in the aggregate

VI. **SECTION V - DEFINITIONS** is amended to include the following additional definitions:

“Guest” means any individual receiving lodging for pay. In multiple person parties, each individual is deemed a “guest” of the premises.

“Safe deposit box” means a secure container located on the innkeeper’s premises and maintained by the innkeeper for the protection and security of its guests’ personal property deposited therein.

All other terms, conditions and exclusions of this policy shall remain the same.

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Authorized Representative

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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125793134 State: Arkansas  
First Filing Company: American International South Insurance State Tracking Number: EFT \$50  
Company, ...  
Company Tracking Number: AIC-08-GL-22  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Review Status:**  
Approved 09/10/2008  
**Comments:**  
**Attachment:**  
09-02-08-AR - PCTD-1. doc.pdf

**Satisfied -Name:** Forms Listing  
**Review Status:**  
Approved 09/10/2008  
**Comments:**  
**Attachment:**  
Forms Listing.pdf

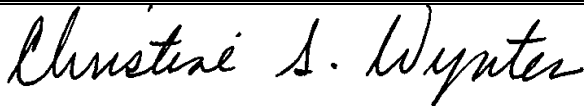
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	American International Group, Inc.			<b>Group NAIC #</b>	012
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
AIG Casualty Company	PA	19402	25-1118791		
American International South Insurance Company	PA	40258	02-6008643		
Commerce and Industry Insurance Company	NY	19410	13-1938623		
Granite State Insurance Company	PA	23809	02-0140690		
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550		
New Hampshire Insurance Company	PA	23841	02-0172170		
The Insurance Company of the State of Pennsylvania	PA	19429	13-5540698		

<b>5. Company Tracking Number</b>	AIC-08-GL-22
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Christine Wynter 175 Water St., 17 <sup>th</sup> Fl New York, NY 10038	Filings Analyst	(212) 458- 7066	(212) 458- 7077	christine.wynter@aig.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Christine S. Wynter		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.2000/Occurrence Only			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.2000/Occurrence Only			
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>	Exclusion For Special Events With Limited Exception Endorsement			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	October 6, 2008	Renewal:	October 6, 2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>	N/A			
<b>17. Reference Organization # &amp; Title</b>	N/A			
<b>18. Company's Date of Filing</b>	September 2, 2008			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	AIC-08-GL-22
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This endorsement is to be used with ISO's Commercial General Liability Coverage Form, Form No. CG 00 01 (Occurrence version only) that is currently on file with your Department.

Please refer to the attached Forms Listing for information concerning this endorsement.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> N/A <b>Amount:</b> \$50.00	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		AIC-08-GL-22		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		N/A		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Hotel Safe Deposit Box Legal Liability Coverage	99575(7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

# Forms Listing

	Forms Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Hotel Safe Deposit Box Legal Liability Coverage	99575 (7/08)	Endorsement	New	n/a	Optional	Broadens	NO	The endorsement provides coverage when the Insured becomes legally obligated to pay as damages arise out the Insured's liability for loss from the safe deposit boxes on their premises.

A = Application  
 D = Declarations  
 E = Endorsement  
 P = Policy  
 O = Other (Please explain)

Yes or No